

2. Innocent Identities

Once you could find an innocent victim with HIV through blood then there was a great deal of concern. But I think it became quite apparent that if there was an innocent victim there had to be a guilty one—someone had to be blamed, to be guilty.

— Bill Bowtell¹

Despite the increasing public profile of the AIDS councils across the country, the capacity of the AIDS movement to challenge anti-gay sentiment that surfaced in response to AIDS was continually tested throughout the course of the 1980s and 1990s. As increasing numbers of heterosexual people acquired the virus, the way in which images about people with AIDS were constructed in public dialogue became an issue that threatened to entrench further the view that gay men were to be blamed for HIV/AIDS. People who had acquired the virus through the blood supply or blood products (a condition generally referred to as ‘medically acquired AIDS’) or the wives or children of bisexual men who had passed on HIV/AIDS were generally depicted as the ‘innocent victims’ of the virus. A sharp division emerged between depictions of these ‘innocents’ and those who were presented as having ‘chosen’ to bring HIV/AIDS into their life through moral lapses: sex or drug use.

At the Third National Conference on HIV/AIDS held in 1988, Wilson Tuckey, the then Opposition spokesman on health, said in his address: ‘AIDS is very much a disease that results from deliberate and possibly unnatural activity. You don’t catch AIDS, you let someone give it to you.’²

This statement captured a strong media response that gave free rein to homophobic talkback on radio and in letters to the press.³ While this soon led to Tuckey being replaced in the shadow health portfolio, the issue continued to burn in the media. The view that gay men and drug users were somehow at fault for their illness was continually reiterated—most clearly by conservative media commentators and radio ‘shock-jocks’, such as Perth-based radio announcer Howard Sattler, who wrote in a *Sunday Times* opinion piece:

1 Bill Bowtell, Interview with the author, 28 May 2005.

2 Tuckey, Wilson 1988, Address to Living With AIDS Toward the Year 2000: Third National Conference on AIDS, Department of Community Services and Health, Hobart, 4-6 August.

3 Ironically, the sentiment that ‘you don’t catch AIDS, you let someone give it to you’ was later adopted by AIDS organisations, although obviously the intention was quite different. In the hands of the AIDS councils, the idea that ‘you don’t catch AIDS, you let someone give it to you’ is intended to remind people that they can take measures such as safer sex to prevent HIV/AIDS. In this context, it is meant to empower individuals to take responsibly for their health.

It is a case of, if the implication fits wear it. AIDS 'victims'...who acquired the disease through homosexuality or intravenous drug use, are guilty of a dangerous act which they could have prevented. They also suffer from their own mistakes, unlike their medically acquired counterparts who were fatally misled by a health service they believed was beyond reproach.⁴

The question of 'choice' became the basis for distinction between the innocent and non-innocent with regards to AIDS. Those who acquired HIV through sex or drug use were routinely represented as having some level of choice about their infection with HIV/AIDS (or at least choice over the actions they took that led to the infection), even in cases where such choices were made before HIV was known of.⁵ Of course, a moral assessment about the nature of such choices was an ever-present subtext.

By the mid-1980s, there were moves to seek compensation for people who had acquired HIV through the blood supply. Early in 1986, the Federal Government advisory committee on AIDS, NACAIDS, supported a proposal to allow no-fault compensation to be given to people with medically acquired AIDS. The proposal did not go far, however, meeting with resistance from the Health Minister, who saw it as a dangerous precedent and feared people with other illnesses would follow suit. The move was also resisted by AIDS activists who opposed establishing a system where people's eligibility to gain compensation for illness was assessed on the basis of how HIV was acquired, rather than on the basis of need.⁶ Continued lobbying by the Haemophilia Foundation of Australia (HFA) eventually led to a partial resolution of this issue, with the Federal Government providing a seeding grant for the HFA to establish a trust fund to which people with medically acquired HIV could apply for financial assistance.⁷

The issue of compensation continued, however, as people with haemophilia took legal action against several medical institutions: the Commonwealth Serum Laboratories (CSL), Blood Transfusion Services and hospitals.⁸ It was a tough

4 Sattler, Howard 1991, 'Silence Is Not So Golden', *Sunday Times*, 24 March, p. 39.

5 Lupton, Deborah 1993, *Moral Threats, Sexual Punishment: Discourses on AIDS in the Australian Press*, Unpublished PhD Thesis, University of Sydney, NSW.

6 Ballard, John 1999, 'HIV Contaminated Blood and Australian Policy', in Eric Feldman and Ronald Bayer (eds), *AIDS, Blood and the Politics of Medical Disaster*, Oxford University Press, New York.

7 AIDS organisations were not necessarily opposed to the idea of compensation. They were in fact supportive of a campaign push by the Haemophilia Foundation of Australia to hasten the process of setting up a trust fund. They rejected, however, the implication that some people were more deserving of care and compensation than others. AIDS organisations argued that compensation should be administered on the basis of need, not according to the means by which an individual acquired the virus. The general political and public consensus had always tended towards the view that gay men who had acquired HIV through sex should not be eligible for any form of compensation. Ballard, 1999, p. 257; Sendziuk, Paul 2003, *Learning to Trust: Australian Responses to AIDS*, UNSW Press, Sydney.

8 Executive Director of the Haemophilia Foundation in the early 1990s, Jenny Ross, makes it clear that the foundation was only ever seeking compensation for a medical procedure that caused harm and further

case to prove as people had to show they acquired HIV at a time when medical providers had reasonable knowledge of the possibility of contamination, but had failed to take action. In other words, they had to establish that medical negligence had occurred. The first case of a man with haemophilia successfully suing a hospital came in December 1990 when the Alfred Hospital in Melbourne was ordered to pay \$870 000 damages, plus more than \$10 million in legal fees. This led to a massive push by the HFA and the mainstream press for governments to provide compensation rather than force people to endure such excessively expensive and traumatic legal proceedings. In May 1991, the WA Government negotiated a package with 22 claimants, each of whom received up to \$301 000. South Australia and Victoria negotiated similar settlements later that year.⁹ The NSW Government was less forthcoming, ordering the Government Senate Standing Committee on Social Issues to open an inquiry into the issue of compensation.¹⁰ The terms of the review were ‘to investigate and report on, as a matter of urgency’ the following:

1. whether patients who have contracted HIV infection through blood, or blood product, transfusion or via artificial insemination from a donor are receiving adequate and comprehensive health and welfare services
2. whether compensation should be paid by the Government to patients who have contracted HIV infection through blood, or blood product, transfusion or via artificial insemination from a donor
3. whether the decision regarding the suitability of blood and semen donors made by health authorities in 1983–84 was appropriate in light of the information available at the time regarding HIV infection.¹¹

The terms of reference for this inquiry reinforced conservative discourse around guilty versus innocent victims by maintaining the ‘mode of transmission’ as the central epidemiological category by which decisions would be made about whether compensation was appropriate. In his analysis of this inquiry, Michael Hurley argues that by differentiating between modes of HIV transmission the whole basis of the inquiry rested on the presumption that some people had greater knowledge, awareness or choice than others in the means by which they acquired AIDS. It also immediately created two categories of people with HIV:

illness. They never sought to demonstrate that people with haemophilia were ‘innocent’ victims of AIDS or that any other groups were ‘guilty’. The media might have adopted such language, but this was not at the encouragement of the Haemophilia Foundation. Jennifer Ross, Executive Director, Haemophilia Foundation of Australia, Interview with Heather Rusden, 11 February 1993, Oral History Project: The Australian Response to AIDS, TRC 2815/18, National Library of Australia, Canberra [hereinafter NLA].

⁹ Sendziuk, 2003.

¹⁰ Hurley, Michael 1992, ‘AIDS Narratives, Gay Sex and the Hygenics of Innocence’, *Southern Review*, 25(2), pp. 141–59, at p. 412.

¹¹ Parliament of New South Wales 1991, *Legislative Council Notices of Motions and Orders of The Day First Session of The Fiftieth Parliament Wednesday 3 July*, Parliament of New South Wales, Sydney.

those who may 'blame' others for their HIV infection and those who may 'blame' only themselves.¹² Throughout the inquiry, numerous submissions implied that gay men and injecting drug users had an awareness of the possible health risks involved in their activities (even if they did not know about HIV) and could have withdrawn from them, whereas people who had acquired HIV through medically based procedures had no choice about the activity that resulted in their infection. For instance, Hurley refers to a submission that states: 'Those people who were engaging in careless sexual activity and who were using intravenous drugs knew there were health hazards associated with that and freedom of choice was exercised in engaging in these activities.'¹³ According to this logic, although most HIV-positive people in New South Wales at the time had acquired the virus before its existence was known, the fact that their actions posed potential health risks with regards to other diseases or complications meant they willingly placed themselves at greater risk of acquiring HIV.

The media beat-up that occurred around the inquiry tended to reinforce notions that gay men's 'choices' contributed to AIDS and that their guilt and selfishness were further exacerbated by AIDS activists' resistance to paying compensation to 'innocent' victims.

In early August 1991, as the inquiry was being heard, a member of the NSW Government Standing Committee on Social Issues, MLC Franca Arena, called a press conference to respond to allegations that AIDS activists were planning to publicly 'out' her two sons as gay using a poster campaign. A journalist had warned Arena about the alleged poster campaign so she attempted to undermine it with a public assertion that AIDS activists were malicious and intent on harming the reputations of her and her family. As it turned out, there was no evidence that a poster campaign had been planned and it never occurred.¹⁴ But the outcome of her press conference was a front-page headline in the *Sydney Morning Herald* slamming AIDS activists: 'Vicious Gay Campaign Against Franca Arena.'¹⁵ The paper also ran a feature article titled 'Gay Guerillas Come Out to Prey', discussing the political tactic—adopted at various times by some gay groups—of publicly 'outing' high-profile individuals. The article argued that gay groups deliberately destroyed the lives and careers of public figures for their own selfish political agenda.¹⁶ The ethics of 'outing' is a topic of debate within the gay community and is by no means something all gay activists condone. But regardless of opinion on this matter, the media portrayal

12 Hurley, 1992.

13 Ibid., p. 150.

14 A poster campaign labelling Arena a 'homophobe' did later take place. AIDS activists accused her of homophobic conduct for arguing publicly that only 'innocent victims' deserved compensation. Hurley, 1992; McClelland, Jim 1991, 'Both Sides Wrong in Outing Case', *Sydney Morning Herald*, 14 August, p. 12.

15 Hurley, 1992.

16 Stapleton, John and McCarthy, Phillip 1991, 'Gay Guerillas Come Out to Prey', *Sydney Morning Herald*, 10 August, p. 36.

of AIDS activists in relation to the Franca Arena controversy contributed to the construction of an image of gay men as morally questionable, selfish and potentially dangerous.

The outcome of the NSW Government inquiry appeared to be dissatisfaction on all sides. AIDS activists were frustrated with the outcome, arguing that the \$10 million allocated to compensating people who had acquired HIV through medical procedures should be used to assist all people with HIV/AIDS, or at least those most in need. Yet advocates for those with medically acquired AIDS were also upset about the relatively small individual payouts (which ranged from \$5000 to \$50 000).¹⁷

Innocence and Discrimination

The notions of ‘innocence’ and innocent victims of AIDS meant people with medically acquired HIV/AIDS were distanced, to some extent, from the stigma associated with gay men or drug use. The general fear of AIDS at the time, however, certainly did not allow for ‘innocent victims’ to avoid prejudice altogether. Indeed, analysis of the way in which non-homosexual people with HIV/AIDS were treated by the mainstream community is a useful way to assess how much of the stigma associated with HIV/AIDS was related to homophobia and how much was fear of contagious disease.

Executive Director of the Haemophilia Foundation in the early 1990s, Jennifer Ross, recalls that many of her members requested that information from the foundation be sent to them in unmarked envelopes. People feared that if others knew of their haemophilia they would assume they also had AIDS. As Ross describes: ‘The fear is incredible.’¹⁸ Regardless of the fact that most people with haemophilia who acquired HIV would have done so through blood products, discrimination was still a major issue. This is perhaps most marked in the case of children. By the late 1980s, there were several well-publicised cases from the United States of HIV-positive young people being persecuted or banned from school.¹⁹ But the case that received the highest profile in Australia was that of NSW toddler Eve Van Grafhorst.

17 Hole, Jacquelyn 1991, ‘HIV Sufferers United in Condemning Report’, *Sydney Morning Herald*, 5 October, p. 2.

18 Jennifer Ross, TRC 2815/18, NLA.

19 There were some high-profile cases in the United States where communities demanded that HIV-positive children be removed from schools. In 1985, the Centers for Disease Control (CDC) published guidelines advocating school-aged children with HIV/AIDS be allowed to attend public schools. Parents across the country reacted with anger, fearing the risk to their children. The issue became most heated in the case of Ryan White, a thirteen-year-old boy who was infected with HIV/AIDS and had haemophilia, who was barred from school in Kokomo, Indiana, in 1985. In another case, parents organised a boycott of schools in New York because the Board of Education had made a decision to admit one unnamed student with HIV/AIDS to an

Eve van Grafhorst was born prematurely in July 1982. She underwent 11 blood transfusions to save her life. One of these transfusions infected her with HIV.²⁰ When she was three years old, in 1985, Eve was banned from her kindergarten in the Kincumber area, north of Sydney, for supposedly presenting a risk to other children by being a 'biter'. Eve had been banned from the centre once before this, but was allowed to return on the advice of a psychologist that she no longer presented a 'biting' risk. Parents of the centre, however, mounted a vocal protest and 40 of the 58 children who attended were withdrawn on the day Eve was scheduled to return.²¹ It was only two weeks later that Eve was banned again for biting.²² Fears that Eve would spread HIV/AIDS to other children ignited what has been described as a 'wave of media-fuelled public persecution' against Eve and her family.²³ People would spit at Eve in the street and some neighbours moved house to get further away from her.²⁴ Eventually, following years of harassment, Eve and her family moved to New Zealand, where she died from AIDS-related illnesses in 1993.

On Eve's death, the Mayor of Gosford, who was responsible for governing the Kincumber area, said: 'We should never treat anyone like pariahs or lepers but we found it pretty difficult for a while. She was a victim of a time, of a very sad time.'²⁵ As this quotation suggests, AIDS-related discrimination was a product of 'AIDS hysteria' and was by no means directed exclusively towards gay men. Unlike the discourse on AIDS and gay men, the persecution of Eve was, however, followed by a sense of shame after the event. Press reports refer to Eve as a 'teacher'—as someone who taught people to be more compassionate towards those living with HIV/AIDS. When Eve died, the media focused on the guilt and sorrow felt by people involved in the persecution. A biography of Eve printed in the *Sydney Morning Herald* after she died stated:

Eve, who in her quiet way shamed Australia into admitting its ignorance and prejudice towards AIDS sufferers, was mourned by family and friends, politicians, and the community that chased her from her home eight years ago...Councillor Dirk O'Connor, the Mayor of Gosford, the

unnamed public school. On 9 September 1985, 11 000 New York children did not attend school. Brier, Jennifer 2002, *Infectious Ideas: AIDS and Conservatism in America 1980–1992*, Unpublished PhD Thesis, Rutgers University, New Brunswick, NJ. In Alabama in 1987, the house of a family who had three sons, each of whom had haemophilia and was HIV positive, was torched following threats against the family warning them to keep their sons out of school. AVERT 2006, *The History of AIDS 1987–1992*, AVERT web site, viewed 18 April 2006, <http://www.avert.org/his87_92.htm>

20 Bagwell, Sheryle 1985, 'The Van Grafhosts Learn How to Cope', *The Australian*, 18 November, p. 8.

21 Editorial, '7 Children Lend Their Support', *Newcastle Herald*, 1 October 1985, p. 1.

22 Editorial, 'AIDS Girl Banned on Biting Count', *Newcastle Herald*, 14 October 1985, p. 6.

23 Steven Mark, Lawyer and President of NSW Anti-Discrimination Board, Interview with Diana Ritch, 12 August 1993, Oral History Project: The Australian Response to AIDS, TRC 2815/52, NLA.

24 Whelan, Judith 1990, 'The AIDS Baby Who Made it', [Agenda Section], *The Sunday Age*, 15 July, p. 2.

25 'Shame and Grief Mark the Death of a Small Teacher', *Sydney Morning Herald*, 22 November 1993, p. 3.

town which rejected Eve and later apologised for the way it treated her, said he was glad the Australian community had made its peace with Eve before she died.²⁶

By 1993, however, the Australian public had certainly not accepted that ignorance and prejudice had been features of the community's response towards all 'AIDS sufferers'. In the same year of Eve's death, Bill Mandle wrote an opinion piece for *The Canberra Times* that stated:

We may rightly have sympathy for the miniscule number who suffer from accidental AIDS, the transfusion victims and those with inherited AIDS. One may have some, but less, sympathy for those heterosexuals who have had normal intercourse with ones who turn out to have been infected bisexuals. But why we should be persuaded to have any more than the normal meed of sympathy one has for the sick or criminal is beyond all reason—particularly if the sickness is self-inflicted and the criminality is a deliberately unlawful act taken with full cognisance of its illegality.²⁷

In the case of Eve—and the many other tragic stories of HIV-positive children being persecuted—the central issue was that the community feared these individual children would unintentionally pass on AIDS to their peers. In contrast, gay men as a group—regardless of their HIV status—were constructed as untrustworthy, deviant and blameworthy in the face of AIDS. The notion of 'irresponsibility' was extended beyond individual sexual practices to encompass 'gay lifestyles'. The entire gay community was seen to be at fault for the spread of HIV and no gay man was considered innocent.²⁸

Media Moves: Refiguring AIDS, refiguring gay

It is difficult to make any firm conclusions about how successful the AIDS movement was in challenging the social construction of 'innocent' versus 'guilty' people with AIDS. But campaigns around this issue provide perhaps the most interesting examples of the way in which the AIDS movement consciously engaged with a 'politics of knowledge' around HIV/AIDS—deliberately seeking to break down the association between AIDS and deviance and the perception that some were more innocent than others.

26 Ibid.

27 Mandle, Bill 1993, 'AIDS Gets Too Much Unjustified Attention', *The Canberra Times*, 17 January, p. 26.

28 Gould, Deborah 2000, *Sex, Death and the Politics of Anger*, Unpublished PhD Thesis, University of Chicago, Ill.

[In] ACON, I was always wanting to do outward-looking activities that assumed most of the people we needed to talk to weren't part of the inner city gay community. So we put up the [HIV-positive] Speakers' Bureau and that was as much for us as it was for them. Because it meant that we had to keep 'retailing' what we were thinking to these groups in the public...So that was funny because it meant that people with HIV and gay men and other people that were volunteers had to negotiate all these immensely political questions on a daily basis with groups of the public—schools, Rotary clubs, workplaces. And it meant that we had this 'reality therapy' all the time...it got us out of that AIDS Council building...'Retailing' the story of AIDS to the public face-to-face, with feedback, was extremely useful. So we had a daily feel for what was in people's heads. Of course it was all a lot messier than anyone imagined. Of course there were people who had extremely hostile views and were very dismissive and were like: 'it's a gay plot' and 'why should they be treated specially' and 'the Government is conspiring with the gays to get a special deal'. But by and large that wasn't true, and as people more and more (personally) knew people with AIDS that really turned around. So by the end of the time we were doing that, I don't know when that was, '93 or something, you'd go to a school and a girl would get up and say: 'look, my friend is on a combination of AZT [medication] and other drugs, or whatever, do you reckon it's worthwhile?'

— Ken Davis (2005)

According to Ian Rankin:

Embedded in the philosophy of inclusion and respect was an adverse reaction to media stereotyping. So people put work into doing things like media guides and that sort of thing. So there has been an acute awareness that the way the media was reporting was accentuating stigma and limiting people's quality of life.²⁹

As Rankin suggests in the above quotation, activists were acutely aware of the potential for media stereotyping of gay men and people with AIDS, and took action to reorient the language used by media outlets in regard to people with AIDS. Most notably, they lobbied for the media to cease using the terms 'innocent' in relation to HIV/AIDS, encouraging them to either not make any reference at all to how a person acquired the virus or use terms such as 'medically acquired AIDS' or other less morally charged terms. Activists also worked to change media use of the expressions 'victim' or 'sufferer' of AIDS—terms that were seen as disempowering for people living with AIDS. The media strategy involved building relationships with particular journalists who were

29 Ian Rankin, Interview with the author, 26 July 2004.

sympathetic to their position, making sure they had priority access to the AIDS councils' press releases and ensuring they had regular contact with AIDS council representatives. Activists also created media guides and contact information, gradually 'training' the media to both anticipate and seek commentary from AIDS organisations.

David Plummer says:

We also did things like set up media awards for best reporting... Reporters who were known for being homophobic in the past would get the press releases late—after their deadline. Reporters who had been good would get it early so they could write it up before others got to it. So we did all that sort of stuff. We got Adam Carr to formalise that and write up a media briefing kit. That was designed as an A4 series of graphs and charts and contact people that would go to journalists, so they could pull it out and see who to talk to, and only the people we wanted would be on that list. So it was comprehensive and clearly thought through response.³⁰

AIDS organisations also provided regular and consistent information to the media about HIV/AIDS itself—the scientific and medical as well as the social aspects. This was a highly successful strategy as journalists came to expect, and seek out, information from the AIDS councils. Thus, a large amount of information about AIDS being fed to the media came to be marked with the particular language and ideology of the AIDS movement.

David Plummer recalls:

I clearly remember those debates around the board table at the Victorian AIDS Council. The propaganda battle...wasn't so much propaganda, but we had to manage through the media the potential for homophobia to severely get out of control. For example, when I was president of AFAO, every morning I would get into work at 8.30...and we'd go through all the newspapers looking for stories and by 9.30 we'd have a press release out. We didn't have email then, we only had a fax machine, but we had this new system of polling the faxes out to a number of outlets. We couldn't afford to go through a press agency, so we just polled it out to a number of major newspapers. We revamped the *National AIDS Bulletin*, so it was a much more glossy magazine. Adam Carr was writing the gay health update, every week or two weeks, [which] put out the latest epidemiological update of AIDS around the world. That was incredibly informative. At that stage, I was working at Fairfield

30 David Plummer, Interview with the author, 30 August 2004.

Hospital in Melbourne and it was standard for Fairfield staff to read the *Gay Health Update* to find out what was going on. That was their source of medical information.³¹

As a result of its strong media campaigning, the AIDS movement developed the capacity to command media attention. As early as 1986, Phil Carswell, then President of the VAC, noted: 'You don't often see AIDS talked about in the papers without a quote from someone in VAC. The media attitude has changed. We've tried to talk to the reporters and get them to understand the complexities of what they're working on.'³²

Whether or not this media publicity led directly to a reduction in the innocent/guilty divide is not clear. Activist Ken Davis recalls that other factors also contributed to shaking this division. In particular, there was some questioning of what it meant to be 'innocent' when groups of heterosexual women, who had contracted the virus through sex with their husbands, came out and publicly questioned whether they were more 'innocent' than gay men given they had also acquired the virus through sex.³³ In an analysis of media reporting on HIV/AIDS conducted in 1993, Deborah Lupton found that the media slowly came to demonstrate greater sympathy towards some gay men living with HIV/AIDS. She notes that since the early days of AIDS there had been an increasing number of articles in which stories of individual gay men with AIDS were told and explicit expressions of prejudice started to lessen. The focus of such stories, however, was often on how HIV-positive gay men were atoning for their 'sins' through educating others about HIV/AIDS or caring for people who were ill. In contrast, people who had acquired HIV through blood transfusions or blood products were presented as deserving of sympathy and compensation. Lupton concludes that the fundamental division between people who had caught the virus through sex and those who had caught it through blood products retained its presence in the media. Even where the term 'innocent' was not used explicitly, reports about individuals living with HIV/AIDS invariably included how the subject of the story had acquired the virus.³⁴

Engaging the Public

In April 1987, the infamous 'Grim Reaper' television campaign hit Australian screens. The commercial depicted a cloaked 'Grim Reaper' pacing ominously in

31 Ibid.

32 Carswell, Phil 1986, 'President's Report: Where We've Been, Where We're Going', *Annual Report*, Victorian AIDS Council, Melbourne.

33 Ken Davis, Interview with the author, 4 November 2004.

34 Lupton, 1993.

a 10-pin bowling alley, set to bowl down a group of men, women and children. These images were so striking that nearly 20 years after the campaign ended, and despite the fact that the advertisements screened for less than three weeks, they can still be recalled in detail by wide sections of the population. The image of the Grim Reaper is still often drawn on as a symbol of Australia's response to AIDS in the 1980s.³⁵

The campaign had been initiated by NACAIDS, its main goal being to broadcast to the heterosexual community the message that everyone was vulnerable to HIV/AIDS, not just gay men.³⁶ Many AIDS activists, however, were disappointed with the content of the Grim Reaper campaign (which had been approved by a subcommittee of NACAIDS that did not include the VAC or ACON representative), arguing that it negatively represented gay men. It was feared that people would see the 'Grim Reaper' as symbolising gay men rather than HIV/AIDS, thus reinforcing the notion that it was gay men and not a virus who were responsible for AIDS deaths. Also, information about HIV prevention was not included in the television commercial. Despite these misgivings, AIDS activists did recognise that the publicity around HIV/AIDS generated by the Grim Reaper campaign was an invaluable resource for them in terms of attracting public attention. Being the first large-scale television promotion about HIV/AIDS, and the first major publicity campaign to suggest that heterosexual people were also at risk of catching the virus, it ignited a flurry of media and public hysteria. For AIDS organisations, it became an opportunity to increase their public profile, as the VAC President recalls:

I didn't see that ad before it came on television. It was a special subcommittee of NACAIDS who finally approved it. I remember Bill [Bowtell]...told me that they were fighting over it until the last minute because of the opening words which were, I think: 'At first we thought it was just homosexuals...' Bill objected to 'just'. It made it sound like it was OK if it was homosexuals. But now it's for 'you', which implied that there was some sort of hierarchy of pain. And he recalls he actually spent a lot of time arguing that point, but got out-voted in the end. And it was a very tough decision, it was ministerial level and prime-ministerial. I regret that in the ad. But I don't regret what the ad provided for us in terms of an open door to every school in the country, and [an] open door into every bowls club and social organisation and Rotary [club] in the country, every doctor, GP and health professional who tried to ignore it in the past now couldn't.³⁷

35 Sendziuk, 2003.

36 Vittelone, Nicole 2001, 'Watching AIDS, Condoms and Serial Killers in the Australian "Grim Reaper" TV Campaign', *Continuum: Journal of Media and Cultural Studies*, 15(1), pp. 33–48.

37 Phil Carswell, Interview with the author, 23 July 2005.

To challenge the negative portrayal of gay men in the Grim Reaper commercial, and to take advantage of the intense upswing in public attention to AIDS, the VAC organised a counter-campaign that involved running an advertisement on 10 000 milk cartons highlighting VAC initiatives and HIV/AIDS information.³⁸ They also produced a free HIV/AIDS information booklet.³⁹

In other States, the AIDS councils were inundated with inquiries from the general public. For example, the AIDS Action Council (AAC) of the ACT took more than 500 calls in the weeks following the Grim Reaper campaign, as its former coordinator recalls:

Most of the 537 calls we took were from the worried-well. This group is clearly not at risk, or is at low risk, but are concerned with some minor aspect of the AIDS phenomenon—hairdressers, mosquitoes, or more commonly, teenage daughters coming of sexual and independent age. They take a lot of time and patience to deal with, and it is tempting to leave them to their worries. But they are of course the landlords, business people, service providers, or simply colleagues, parents, children or siblings of people at risk. They are people who can provide—or withhold—services to our client groups—and like you they are potential AIDS educators.⁴⁰

AIDS activists also made face-to-face contact with many members of the broader, heterosexual community through care and support work. In the early 1980s, community volunteers provided virtually all home-care services for people who were ill with AIDS-related illnesses (mainstream services were reluctant to cater for people with AIDS). As most of these volunteers were gay men or lesbians, the volunteering side of the AIDS movement created many opportunities for gay people to connect with the mainstream public. Volunteer carers regularly met, and interacted with, the extended families of people ill with AIDS as well as their friends and neighbours. Also, as community-run volunteer services such as CSN and Ankali became more established, increasing numbers of heterosexual people volunteered, often because they had friends or associates who were connected in some way to the HIV/AIDS sector or because they had known someone with AIDS. While these networks began within the gay community, they gradually expanded to bring increasing numbers of heterosexuals into personal contact with gay people and AIDS activists.

38 Phil Carswell adds: 'imagine the impact of those milk cartons around the family breakfast table.' This is one example of the 'reach' that the AIDS movement had—influencing public consciousness way beyond the borders of the gay community. Phil Carswell, Personal communication, 25 October 2006, Melbourne.

39 Grant, Peter 1987, 'The Education Working Group', *Annual Report*, Victorian AIDS Council, Melbourne.

40 Westlund, John 2006, 'Address to Public Meeting by Co-ordinator of the AIDS Action Council of the ACT, 23 June 1987, Canberra', in Ian Rankin (ed.), *AIDS Action: A History of the AIDS Action Council of the ACT*, AIDS Action Council of the ACT, Canberra.

[People volunteered who were not part of the gay community] but there was normally a connection. I mean there had to be a connection...But the connection was knowing someone who had been cared for, having a person who had been cared for, and then caring for others. So there were a lot of relatives involved, whether it be the odd straight brother or cousin or sister, mother, father, grandmothers, great aunt, nextdoor neighbour, it would often be that network. And that may even go into, or domino out, to that person's network. There were people who got involved because they were somebody's friend...I trained up a group of people in Wollongong and we advertised for people to come and do this and I think there were two people who did the training who were not gay, both of them were involved in the Health Department, both of them knew me (not hugely well). Both of them had been involved in drug rehab work during their training and one of their closest friends was a gay man—he didn't have AIDS, but he also did the training. So, yes, there were other people involved, but the agency would not have survived [if it relied on] non-gay men.

— Levinia Crooks (2005)

What I found was that as more and more cases were diagnosed and more and more people needed support—actual physical care teams—that there was this real osmotic effect out into the 'burbs and the bush. Families got to meet their first openly gay people. There was a real tectonic shift or movement of understanding. For the first time, I think, families got to meet functioning, reasonable, nice gay men and women...That helped break a lot of stereotypes. In the early days, we used to have AIDS funerals where the biological family were out the front with the priest not knowing what on earth he's going to say because he doesn't know the person he is burying, and these rows and rows up the back of wailing queens. And the biological family would look at the 'family of choice' and say: 'Well, who are you?' And we'd say: 'Well, who are you? We knew him better than you did.' At some of these services, they were all cleaned up and it would be: 'What are you talking about? That's not the guy I knew'...Eventually, over time, they became one. It took a while, and is still obviously not in all cases. I've never really heard it explored a lot, but I think that's a really important theme—that we actually went out there into the 'burbs and into the homes and into people's lounge rooms and nursed their sons in front of them—changed their nappies and cleaned up the vomit... And actually provided a lot of emotional support for the family, too. And I think that changed a lot of hearts in a lot of ways that is really unquantifiable, but was definitely there because from then on...that was the precursor to the whole notion of why we suddenly have gay characters all over the TV screen, why we have *Queer Eye for the Straight Guy*. There was that cultural shift that happened...I don't think any of us saw the silver lining that this big black cloud had and that's the fact that many, many, many more people have now met a homosexual person.

— Phil Carswell (2005a)

HIV/AIDS also led to the creation of the first positions within the State and federal bureaucracies that were to be occupied by openly gay men. Most State governments adopted the Federal Government's commitment to community involvement in the HIV/AIDS response. Working within this framework, roles for gay community members were created within the new HIV/AIDS divisions or groups within some State health departments. Although gay people had certainly been employed by government agencies before this—and many had probably been quite open about their sexuality at work—this was the first time the State and Federal Governments deliberately and consciously hired gay people. The Victorian Health Department even ran a specialised training course for their staff to prepare them for a new 'gay recruit'—something that seems laughable by today's norms, but is indicative of the lack of gay visibility within the Public Service in the early 1980s. Phil Carswell was among the first group of people employed by the Victorian Health Department in its new AIDS branch. He recalls:

When I went to the Health Department in 1980 (whenever it was), I was told they had actually had a group set up for people who were working with me who had never known what a gay person did...They seriously had a class...They were very cautious and on reflection I can see why they were. It was a cultural experience for them too and you can't underestimate the fundamental nature of that change that took place. I think that was the most important part of the AIDS epidemic that has so far been undocumented...With all that going on, I think it sowed the seeds for a much deeper acceptance than there had been in the past. I think there's been a tolerance in the past, but I think that there is now more acceptance.⁴¹

Personalising AIDS

Along with introducing more of the heterosexual public to gay men and lesbians, the AIDS movement was successful in publicly presenting a 'personal face' to HIV/AIDS. That is, rather than allowing information about HIV/AIDS to be presented to the public only in the form of statistics or 'faceless' information, activists ensured people living with HIV/AIDS had a public profile. This became a powerful political strategy, not only in terms of lobbying for political change, but with regards to reducing AIDS-related stigma. HIV-positive activists visibly challenged stereotypes about what people with AIDS were like.

41 Phil Carswell, Interview with the author, 23 July 2005.

The People Living With AIDS (PLWA)⁴² movement began organising in the late 1980s. PLWA activists were a dynamic part of the broader AIDS movement and campaigned alongside other activists on a number of fronts. For example, in the mid-1980s, they were heavily involved in a campaign to increase the number of beds allotted to HIV/AIDS patients in St Vincent's Hospital in Sydney.⁴³ But PLWA also played a distinct role within the AIDS movement by creating visibility for, and challenging negative stereotypes about, people with AIDS. As the former convener of PLWA New South Wales, Robert Ariss, writes:

All I can say is that such [media] work is essential if the debilitating image of 'AIDS victim' is to be challenged and our self-determination established and accepted, by ourselves and others. PLWA has a major role to play here, and I believe we have been very successful in increasing public understanding of PLWAs in this state.⁴⁴

Having people willing to publicly disclose their HIV status was at the heart of the PLWA strategy. While for many people this was personally an incredibly confronting thing to do, it was a powerful strategy for the movement in terms of eliciting empathy and creating a personal, compassionate connection between the general public and people with AIDS—humanising the virus.

According to Levinia Crooks:

The shift [in public attitudes towards people with AIDS] happens early on when people are prepared to stand up and say they're people with HIV. So for me the shift actually occurs about 1987 with the beginning of the PLWA movement, as a movement of people standing up saying we've got HIV, whether that's a gay man, whether that's a positive woman—being openly known to be positive. That doesn't mean there's not discrimination, but that marks the turning point...In a way, it's that kinda thing where you can't 'out' somebody if they're already out. That doesn't mean I say everybody needs to be out, and there's a whole heap of reasons why you may not want to be out.⁴⁵

PLWA developed a network of HIV-positive people who were willing to speak publicly about their experiences. People from this network began to be invited to speak in schools and to community groups.⁴⁶ Creating opportunities for people to actually meet someone with AIDS was a strategy designed to reduce

42 Later to become People Living With HIV/AIDS (PLWHA).

43 Ariss, Robert 1989, 'Convener's Report, PLWHA NSW', *Annual Report, People Living with HIV/AIDS NSW*, Sydney.

44 Ibid.

45 Levinia Crooks, Interview with the author, 28 January 2005.

46 In New South Wales, the Positive Speakers Bureau was established as a formal organisation in 1994. It still operates today (<<http://www.plwha.org.au/PSB/>>). It was preceded in 1988 by a Speakers' Bureau which

the tendency for people to associate AIDS only with a particular 'type of person' (someone with whom they would never interact) rather than a person who had a name and individual identity.

In terms of barriers, and this may just be my personal take on it, there seemed to be a huge personal cost in becoming a public AIDS activist. It usually meant disclosing your sexuality in a confronting way: often also disclosing your viral status in a confronting way. And even if this didn't seem of great consequence to an individual if they were living in 2010 in Prahran or wherever, it did have the ability to shock and confront the nation at large. People still took exception and were surprised in those days. So when you work that through the networks of families and all those networks that we exist in, the idea of doing that for the whole of your future, because you get marked out as a significant voice in a controversial issue...People tend to remember, or people perceive that they are making lifelong commitments to that identity. I think we've seen during the '80s and '90s significant changes in the way people's sexual identity is understood, lived and practised. Stuff we would have taken for granted as gay identity being a certain thing of a certain shape in the '80s is perhaps in the 2000s different.

— Ian Rankin (2004)

Cultural Space to be Gay

While gay identities in general began to find a more prominent place in public life due to the AIDS movement, the nature of HIV/AIDS also gave activists an opportunity to direct public attention toward expressions of (homo)sexuality that previously had been very clandestine. This came about because HIV/AIDS created an imperative to initiate sexual health programs with groups or individuals that lacked visibility, even within the gay community itself. The Gay and Married Men's Association (GAMMA) project is one such example.

In Melbourne, GAMMA had been operating as a small social support group for married gay men since the mid-1970s. In the mid-1980s, 'bisexual men' had been identified by the Federal Government as a key group to be targeted for HIV-prevention education. This was for both epidemiological and political reasons as bisexual men, along with injecting drug users, were seen to be the 'link' by which HIV/AIDS could pass from the gay community to heterosexual people. An organisation such as GAMMA, which had existing networks with bisexual

included self-identifying positive speakers, and by speakers with HIV helping educate Commonwealth Public Services staff from 1985. In Victoria, a similar organisation exists: the PLWHA Victorian Speakers Bureau (<<http://www.plwhavictoria.org.au/speakers.htm>>).

men, was an obvious group for the Government to target. In 1986, GAMMA received a grant from NACAIDS to be used for HIV/AIDS education and research into the sexual practices of bisexual men, particularly those married to women who regularly engaged in sex with other men. The NACAIDS grant was the beginning of a much larger 'GAMMA project' that was also extended to New South Wales.⁴⁷ Funding was then expanded and a national project involving a telephone counselling service was established.⁴⁸ Clearly, without the imperative of HIV prevention, the Federal Government would have been unlikely to support, or provide any recognition to, a group for men married to women who chose to have sex with other men outside their marriage. HIV/AIDS changed the scope of what was acknowledged publicly with regards to sexuality.

Gay and lesbian youth were another group who gained greater public recognition in the wake of HIV/AIDS. Adolescence is often considered to be a time when people are developing their identities. Young people are seen to be in flux, moving towards their fully formed adult self. It is a common view that sexuality develops over the teenage years, and that young people are yet to reach full sexual understanding or maturity. As such, homosexuality is often not acknowledged among young people. It is frequently assumed that people cannot be capable of defining themselves as gay or lesbian when they are still young, and if they do it is assumed to be a 'phase'. Moreover, social norms generally maintain the view that young people need to be safeguarded from sex or any sense of their sexuality. Assertion of their homosexuality by a young person is associated with a loss of innocence.⁴⁹

HIV/AIDS brought with it a threat to the health and lives of young people who were engaging in homosexual sex. Community AIDS organisations responded to this by initiating campaigns and projects directly targeting young gay men. When such programs first began, they incited widespread controversy. For instance, in 1990 the Victorian Government banned a poster and print campaign that had been produced by the VAC's Youth Project Team. The poster targeted young men who were considering having sex with another man. The poster's slogan, written prominently across the bottom of an image of two young men kissing, was 'When You Say Yes, Say Yes to Safe Sex'. The poster also stated that homosexuality was natural and it encouraged young men to seek out support groups and people to talk to. Initially, *TV Week* magazine refused to publish a print-media version of the poster on the basis that it would offend

47 Gamma Project Victoria n.d., GAMMA Project: AIDS Bisexual Men and Their Female Partners, Undated publicity flyer, Gamma Project Victoria; Gamma Project Victoria 1986, GAMMA Melbourne AIDS Public Education and Awareness Project, Media release, Gamma Project Victoria.

48 Tsitas, Evelyn 1988, 'Married and Having a Gay Old Time', *Australasian Post*, 2 July.

49 Griffin, Christine 1993, *Representations of Youth: The Study of Youth and Adolescence in Britain and America*, Polity Press, Cambridge; Irvine, Janice 1994, 'Sexual Cultures and the Construction of Adolescent Identities', in Janice Irvine (ed.), *Sexual Cultures and the Construction of Adolescent Identities*, Temple University Press, Philadelphia.

their readership. The then Victorian Shadow Health Minister, Marie Tehan, followed suit, calling for a ban on the ad and the withdrawal of funding to the VAC.⁵⁰ In a media statement, Tehan stated that '[i]t is scandalous that state or commonwealth money should be spent on advertisements encouraging young people to engage in homosexual activity, with statements such as: "it's natural and if you're safe you'll have a great time"'.⁵¹

The Advertising Standards Council went on to recommend that no media outlets allow publication of the poster. In protest, a 'kiss-in' was staged in Melbourne's Bourke Street Mall on World AIDS Day, 1 December 1990. Organised and advertised by several AIDS groups, including the VAC and the AIDS Coalition to Unleash Power (ACT UP), the campaign message was 'Kissing Doesn't Kill: Greed and Indifference Do'.⁵² The AIDS councils adopted the stance that social support and self-esteem were key factors in ensuring young people make informed choices about their sexual activities and sexual health. They pressed ahead with youth-oriented 'safe sex' promotions despite public criticism.

Further controversy emerged in 1997 around two programs launched by the WA AIDS Council (WACAIDS). The first was an anti-homophobia education package for high schools. The second was a public campaign titled 'Trust Your Feelings'. Targeting young gay men and lesbians, the 'Trust Your Feelings' campaign was aimed at suicide prevention. Its central strategy was public dissemination of a poster that had images of young lesbian and gay couples kissing on the cheek. Following media controversy, the 'Trust Your Feelings' campaign was rejected for funding by the then Commonwealth Family Services Minister, Judi Moylan. The basis of Moylan's argument was that it was 'more of a recruitment campaign for lifestyle preferences' than a message for suicide prevention.⁵³ The issue was controversial because people believed that adult homosexuals were deliberately seeking to influence the sexuality of youth, to 'recruit' them to the gay lifestyle. Arguments were run in the newspapers, such as the following: 'It is of great concern to our community when these types of organisations actively promote their homosexual behaviour as an acceptable or alternative lifestyle to all impressionable teenagers in our schools.'⁵⁴

I am concerned because it is a joint project for the WA AIDS Council and the Gay and Lesbian Counselling Service. They are not in a position to give a balanced view of behaviour toward homosexuality because both

50 McKenzie, James 1992, *When You Say Yes*, Young People from the Victorian AIDS Council and the Gay Men's Community Health Centre, Melbourne.

51 Tehan, cited in Heath, Sally 1990, 'AIDS Poster Starts a Row Over Safe-Sex Campaign', *The Age*, 26 July, p. 6.

52 AIDS Coalition to Unleash Power (ACTUP) 1990a, Campaign Poster for 'Kiss In', AIDS Coalition to Unleash Power, Victorian Chapter, Melbourne.

53 Macdonald, Janine 1997, 'Anti-Suicide Program "Had Gay Message"', *West Australian*, 15 August, p. 11.

54 Croft, David 1997, 'Homosexuals in Schools', Letter to the Editor, *West Australian*, 6 August, p. 14.

organisations endorse homosexual behaviour as an acceptable lifestyle for teenagers. They could make young, impressionable students quite vulnerable.⁵⁵

Although many of the AIDS councils' youth campaigns became cloaked in negative publicity such as this, the debates that were held on these issues also created public space in which ideas about the nature of both adult homosexuality and youth sexuality were discussed. By asserting the need for programs to protect young people from HIV, the AIDS movement introduced a new perception of gay and lesbian youth as mature, capable and above all likely to be sexually active. Moreover, AIDS activists had an opportunity to openly discuss and publicly refute the notion that gay men were interested in 'recruiting' young people to homosexuality. For instance, WACAIDS issued open statements arguing that it is not possible to 'turn' heterosexuals into homosexuals.

No parent or teacher should ever assume their child or student is heterosexual. Statistics show that at least five per cent of the population will develop a gay or lesbian identity. No amount of 'promoting, encouraging or teaching' can influence sexual orientation. There is, however, a separate need for responsible education, support and counselling for young homosexuals.⁵⁶

In many ways the evidence of rising HIV rates eventually muted public criticism of youth-oriented HIV-prevention campaigns. The very possibility that young people could be at risk of HIV/AIDS became a legitimate argument for creating services that aimed to protect gay youth. Through such services, AIDS organisations began to craft a new public space for youth to express a gay and lesbian identity. They gave greater acknowledgment and visibility to gay and lesbian young people, as well as introducing discourse that was affirming of youth homosexuality. Additionally, HIV/AIDS forced health and welfare professionals working with young people, as well as schools, to address homosexuality. This has led to a significant increase in support and services for gay youth over the past two decades.⁵⁷ Increasingly, public dialogue around young gay men and lesbians is couched in positive terms, rather than panic about sexual corruption or loss of innocence. For example, in 1998 the WA Health Department released a report aimed at reducing the suicide rate in gay and lesbian youth. The report stated: 'The existence of gay, lesbian and bisexual

55 Dawson, Jim and Dawson, Lyn 1997, 'Dangers of Indifference', Letter to the Editor, *West Australian*, p. 14.

56 Pratt, L. 1997, 'They Deserve a Future', Letter to the Editor, *West Australian*, 7 August, p. 13.

57 Griffin, 1993; Rumesberg, Don 2002, 'The Early Years of Gay Youth', *The Advocate* [Los Angeles], 25 (June), p. 26.

young people is often denied, ignored or treated with contempt by society, especially the media and the education system, so that there is little opportunity for them to recognise, take pride and act on their sexual identity.⁵⁸

By opening a door for recognition of forms of sexuality that do not necessarily sit easily in mainstream Australia, HIV/AIDS raised a challenge to existing knowledge about, and attitudes towards, sexuality. The changing status of gay and lesbian youth, demonstrated by evident shifts in public discourse on youth and homosexuality over the course of the AIDS epidemic, is evidence of this. Such shifts resulted from the organised action of the AIDS movement.

According to David Plummer:

Certainly [public acceptance of homosexuality] was the aim, and... this was quite clear at the beginning. If we're going to deal with AIDS properly we have to destigmatise the groups. As long as they remain marginalised, no access to services, no recognition for partnerships and things like that, then that sort of ghettoisation is exactly what favours the spread of disease and a whole range of other public health problems. So that was the aim and, yes, I think that did happen a bit. I think hopefully it made it easier for some younger people who found that there were ways of discussing things that were not possible to speak about prior to this.⁵⁹

From Fear to Change

In Australia since the 1980s, HIV/AIDS has become inextricably linked with homosexuality. As activist Adam Carr states: 'Since the early 1980s, the gay experience has had AIDS as its cornerstone, a daily reference point, written indelibly into the culture. Everything gay men do is tangled up in AIDS.'⁶⁰

When AIDS activists first began to campaign, there were claims that they were untrustworthy or selfish—reflected in ideas such as the notion that gay men were likely to conspire to deliberately infect the blood supply with HIV. This reaction followed the historical trajectory of discrimination and negative attitudes towards gay men. HIV/AIDS did not create these ideas; they were old notions applied to a new situation. But paradoxically, this new situation also carried with it opportunities for gay activists to challenge and change long-held public attitudes towards homosexuality.

58 Kendell, Christopher and Walker, Sonia 1998, 'Teen Suicide, Sexuality and Silence', *Alternative Law Journal*, 23(5), pp. 216–21.

59 David Plummer, Interview with the author, 30 August 2004.

60 Cited in Wilmoth, Peter 1990, 'Keeping AIDS in the News', *The Age*, 13 October, pp. 8–9.

The formation of AIDS councils, and the subsequent funding of these councils by the Federal and State Governments, meant two things for gay and lesbian rights. First, for the first time in Australia's history, groups advocating gay and lesbian rights received significant levels of government funding. Second, the political influence of these groups gave them the capacity to establish a strong media profile.

Through debates such as that around 'innocent victims', as well as those generated by controversy over gay youth and blood donation, ideas about the nature of homosexuality and the characters of gay men were publicly contested. AIDS created an opportunity for gay men to regularly appear in the media with intelligent, articulate arguments both supporting their perspective on HIV/AIDS and advocating the rights of gay men and lesbians. Activists presented a 'personal face' to both gay men and the AIDS crisis and there were many opportunities for gay activists to interact face-to-face with the general public. AIDS activists also fought for increased visibility of gay identities. Gay youth, for instance, gained greater acknowledgment and recognition within Australian society as a result of youth-oriented HIV-prevention campaigns. The range of activities undertaken by the AIDS movement effectively turned around a situation that appeared to threaten the rights of gay men and lesbians into one in which new opportunities for social inclusion were founded. Arguably, through the HIV/AIDS crisis, gay men and women came to know unprecedented levels of community acceptance and public visibility. As Bill Bowtell put it:

It was remarkable...The one thing I thought would happen in '83-84 would be the end of the gay stuff. I thought that whatever happened, you were basically fighting a retreat from Moscow. My view was...that we might as well go down on the attack, we might as well just do the right thing, get the money—I could use all the politics I had to force the issue at the top, and get the money and go down...particularly when you had Reagan and the beginning of this fundamentalist reaction that's become so catastrophic in the United States over 20 years. I won't even say it's right wing because that does a lot of unnecessary damage to people who are genuinely right wing...And that was the beginning of it in the '80s. And you could see this happening and you could say well this is going to sweep us from power. And I just thought the power of it would be so strong that we would just go under...The fear, the homophobia, the reaction. I've always thought there would be a reaction to the '60s. And I thought in the '80s it would come. But it didn't...we said 'well we'll just fight'. 'We'll just do the right thing.' But I would never have thought in fact the result of the fighting back, or the fight about this, things would become so dramatically different...[Because] of HIV I think gay people

and other marginalised groups in and around them staked a place in the sun and they won't be tossed [aside]...The question you can ask is well, was it worth having HIV to have that happen? The answer is no, it's not...It's a bit like World War II: it greatly advantaged the position of women—the war. But given the choice between oppression of women and World War II, what would you have had? It's a terrible question to ask. But social upheaval and these things have a habit of busting up very conservative social structures. So I think you can make that point. You never get a chance to choose between the liberation of women and World War II, you just make the point that it reconfigures things and power and visibility. And HIV and AIDS did that around the world.⁶¹

New social-movement theorists focus on the cultural significance of social movements, positioning movements as struggling for symbolic capital, and claiming cultural space to express new forms of social identity or space to articulate new ideals.⁶² Perhaps one of the most significant achievements of the AIDS movement was not its contribution to tangible outcomes such as policy change, but its influence on changing the cultural environment. The AIDS movement was able to introduce into mainstream consciousness new ideas about the nature of homosexuality and the role that gay people play within society.

61 Bill Bowtell, Interview with the author, 28 May 2005.

62 Canel, Eduardo 1997, 'New Social Movement Theory and Resource Mobilization Theory: The Need for Integration', in M. Kaufman and H. Dilla Alfonso (eds), *Community Power and Grassroots Democracy: The Transformation of Social Life*, International Development Research Centre, Ottawa, <<http://www.idrc.ca>>; Fraser, Nancy 1998, 'Heterosexism, Misrecognition and Capitalism', *New Left Review*, 228, pp. 140–50.